



APPLICATION FOR REPLACEMENT OF CERTIFICATES, PERMITS, OR CARDS

U.S. Dept. of Commerce/NOAA
National Marine Fisheries Service
Restricted Access Management
Alaska Region
P.O. Box 21668
Juneau, Alaska 99802-1668



BLOCK A - IDENTIFICATION OF APPLICANT

1. Name of Applicant		2. NMFS I.D. Number	
3. Date of Birth		4. Social Security or Tax ID Number	
5. Business Address <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary			
6. Business Phone Number		7. Business Fax Number	

BLOCK B - REPLACEMENT REQUEST [Check only the Items that Apply]

1. QS CERTIFICATE: UNITS _____ AREA _____ SPECIES _____ VESSEL CATEGORY _____			
a. IF REQUESTING A QS CERTIFICATE, PLEASE INDICATE IF IT IS FOR A PENDING TRANSFER. <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. IFQ FISHING PERMIT: PERMIT NO. _____ SPECIES _____			
3. IFQ/CDQ LANDING CARD: PERMIT NO. _____ SPECIES _____			
4. TRANSFER ELIGIBILITY CERTIFICATE (TEC): IFQ I.D. NO. _____			
5. HIRED SKIPPER CARD: PERMIT NO. _____ SKIPPER NAME _____ SKIPPER IFQ ID _____			
6. REGISTERED BUYER PERMIT: PERMIT NUMBER _____			
7. FEDERAL FISHERIES/PROCESSOR PERMIT: PERMIT NUMBER _____ VESSEL ADF&G _____			
8. FEDERAL SCALLOP MORATORIUM PERMIT: PERMIT NUMBER _____ VESSEL ADF&G _____			
9. LICENSE LIMITATION: LICENSE NUMBER _____ ID NUMBER _____ VESSEL ADF&G _____			
10. AMERICAN FISHERIES ACT PERMIT: AFA PERMIT NUMBER _____ USCG _____			

BLOCK C - REASON FOR REPLACEMENT REQUEST

Lost <input type="checkbox"/>	Destroyed <input type="checkbox"/>	Stolen <input type="checkbox"/>	Other <input type="checkbox"/> (explain) _____
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BLOCK D - CERTIFICATION OF APPLICANT AND NOTARY

Under penalties of perjury, I hereby declare that I, the undersigned, completed this application, and the information contained herein is true, correct, and complete to the best of my knowledge and belief.	
1. Signature of Applicant or Authorized Agent	Date
2. Printed Name of Applicant or Authorized Agent	
3. Notary Public	Affix Notary Stamp or Seal
ATTEST	
Notary Commission Expiration Date _____	



INSTRUCTIONS

Application for Replacement of Certificates, Permits, or Cards

Please type or print legibly in ink and retain a copy of the completed application. Completed applications should be mailed to:

National Marine Fisheries Service (NMFS)
Restricted Access Management (RAM)
P.O. Box 21668
Juneau, Alaska 99802-1668.

Applications **cannot** be received via facsimile transmission. Contact RAM at 907-586-7474 or 800-304-4846 (option #2) with any questions regarding this application. **Allow at least 10 business days for your application to be processed.** Items will be sent by U.S. First-Class Mail, unless alternative mailing instructions are provided with RAM's receipt of the application and include a prepaid mailer with the appropriate postage or a corporate account number for express delivery.

BLOCK A - IDENTIFICATION OF APPLICANT

Provide the information requested below regarding the replacement of the item(s) requested.

1. Name of Applicant - The full name of the individual, corporation, or partnership that is the holder of the permit, card, certificate, and/or license being replaced. **Note:** If a landing card is being replaced for a hired skipper, the applicant completing and signing the application **must** be the CDQ/IFQ permit holder.
2. NMFS I.D. Number - The identification number assigned to the applicant by National Marine Fisheries Service.
3. Date of Birth - If the applicant is a person, enter that person's date of birth.
4. Social Security or Tax ID Number

Privacy Act Statement: Federal Regulations (50 CFR § 679) authorize but do not require collection of this information. The information is used to verify the identity of applicants and to accurately retrieve confidential records related to federal commercial fishery permits. When the requested information is a Social Security Number, disclosure is voluntary.

5. Business Mailing Address - Enter the business mailing address, including state and zip code, where the item(s) should be sent and check whether the address provided is a permanent or temporary address. The issued item(s) will be mailed via U.S. First-Class Mail unless otherwise requested.
- 6-7. Business Telephone and Fax Numbers - The business telephone and fax numbers, if any, used by the applicant. **Note:** It is important to provide a number where a message can be left to avoid delay in processing the application if any questions arise.

BLOCK B - TYPE OF REPLACEMENT

- 1-10. Check the number to each of the items that is to be replaced. Fill out **only** the information that pertains to the numbered items that have been checked.

BLOCK C - REASON FOR REPLACEMENT REQUEST

Indicate the reason(s) for replacement of the items checked in Block B.

BLOCK D - CERTIFICATION OF PERMIT HOLDER AND NOTARY

1. The applicant or authorized agent must sign and date the application certifying all information set forth in the application is true, correct, and complete to the best of the applicant's knowledge and belief. The application will not be considered without the applicant's or authorized agent's signature. **Note:** If a representative is acting on behalf of the applicant, written authorization signed by the applicant must be submitted with the application.
2. Print or type the full name of the applicant or authorized agent signing on behalf of the applicant.
3. A Notary Public must attest and affix notary stamp or seal. Because this application requires a notarized signature, **applications received by facsimile transmission will not be processed.**

PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average [0.5 hours] per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Assistant Regional Administrator, Sustainable Fisheries Division, NOAA National Marine Fisheries Service, P.O. Box 21668, Juneau, AK 99802.

ADDITIONAL INFORMATION

Before completing this form please note the following: 1) Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number; 2) This information is mandatory and is required to manage commercial fishing efforts under 50 CFR part 679 and under section 402(a) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.); 3) Responses to this information request are confidential under section 402(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, et seq.). They are also confidential under NOAA Administrative Order 216-100, which sets forth procedures to protect confidentiality of fishery statistics. These procedures have been implemented under the NMFS Operations Manual entitled, "Data Security Handbook for the Northwest-Alaska Region National Marine Fisheries Service."